

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
101	1						51			
2	1						52			
3	1						53			
4	1						54			
5	1						55			
6	1						56			
7	1	*					57			
8	1						58			
9	1						59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	2						64			
15	2						65			
16	1						66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	28		↓			↓				
TOTAL DEP.	167		←		←		↓			
TOTAL CLAIMS	195					7				
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.	
1	/					51	/						
2	/					52	/						
3	/					53	/						
4	/					54	/						
5	/					55	/						
6	/					56	/						
7	4+					57	/						
8	4X					58	/						
9	4X					59	/						
10	4+					60	/						
11	4+					61	/						
12	4+					62	/						
13	4X					63	/						
14	4+					64	/						
15	4X					65	/						
16	4+					66	/						
17	4X					67	/						
18	4X					68	/						
19	4+					69	/						
20	4+					70	/						
21	4+					71	/						
22	/					72	2						
23	/					73	2						
24	/					74	/						
25	51					75	/						
26	4X					76	/						
27	4X					77	/						
28	4X					78	/						
29	4X					79	/						
30						80	/						
31	/					81	3						
32	/					82	3						
33	/					83	3						
34	/					84	/						
35	/					85	/						
36	/					86	/						
37	/					87	3						
38	/					88	3						
39	/					89	1						
40	/					90	/						
41	/					91	/						
42	/					92	/						
43	/					93	/						
44	/					94	/						
45	/					95	3						
46	/					96	3						
47	/					97	3						
48	/					98	1						
49	/					99	1						
50	/					100	1						
TOTAL IND.						TOTAL IND.							
TOTAL DEP.						TOTAL DEP.							
TOTAL CLAIMS						TOTAL CLAIMS							

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